

# LEAD AND COPPER ANALYSES

## FROM COMMERCIAL LABORATORIES

### Section I: To be completed by the Department of Natural Resources

System Name: \_\_\_\_\_ City: \_\_\_\_\_

Pws Id#: \_\_\_\_\_ County Code: \_\_\_\_\_ Route Code: \_\_\_\_\_

Entry Point ID: \_\_\_\_\_ WI Unique Well No: \_\_\_\_\_

Sampler Phone/Name/Address

Notice: This form must be submitted with laboratory samples analyzed to determine compliance with ch. NR 809, Wis. Adm. Code, Safe Drinking Water. Completion of this form or a similar form approved by the Department is mandatory. Failure to submit a completed form to the Department is a violation punishable by a forfeiture of no less than \$10 nor more than \$5000, or by a fine of not less than \$10 nor more than \$100 or imprisonment of not less than 30 days, or both. Each day of continued violation is a separate offense (ss. 144.99, Wis. Stats.). Authorization for these requirement is under s. 280.13(d), Wis. Stats. and ch. NR 809.80(9). Personally identifiable information on this form will be used for no other purpose.

#### System Type:

- ☐ (MC) Municipal Community  
☐ (OC) OTM Community  
☐ (NN) Nontransient Noncommuni  
☐ (TN) Transient Noncommunity

#### Source Code:

- ☐ W Well  
☐ E Entry Point  
☐ D Distribution

#### Sample Type:

- ☐ D (SDWA) Compliance Sample  
☐ C (SDWA) Confirmation  
☐ W Raw Water Sample  
☐ I Investigation Sample

Collect sample between: \_\_\_\_/\_\_\_\_/\_\_\_\_ and \_\_\_\_/\_\_\_\_/\_\_\_\_ Return results to DNR by: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Section II: To be completed by SAMPLER

Sample Collection Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Time: \_\_\_\_:\_\_\_\_ ☐ a.m.  
☐ p.m.

Tier: ☐ 1 ☐ 2 ☐ 3 ☐ Exceptional

The sampler certifies that these samples were collected after water sat motionless for a minimum of 6 hours, as required in ch. NR 809.547(2).

Sample Point Address: \_\_\_\_\_

Sample Point Descrip: \_\_\_\_\_

First Initial and

Last Name of Sampler: \_\_\_\_ - \_\_\_\_\_

### Section III: To be completed by LABORATORY OFFICIAL. Report analytical results on back.

☐ Check here if some or all of the parameters were analyzed by a subcontracted lab.

NOTE: A separate form must be completed by each lab with data for only the parameters which that lab analyzed.

Laboratory  
ID Number: \_\_\_\_\_

Laboratory  
Name: \_\_\_\_\_

Date Sample  
Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time Sample  
Received: \_\_\_\_:\_\_\_\_

Laboratory  
Sample ID: \_\_\_\_\_

Signature of  
Receiving Lab Official: \_\_\_\_\_

Date Reported: \_\_\_\_/\_\_\_\_/\_\_\_\_

Condition of  
Sample Upon Receipt: \_\_\_\_\_

### Section IV: To be completed by WATER SUPPLY SYSTEM OFFICAL after analysis has been done.

I certify that I personally examined and am familiar with all information submitted on this document and all attachments and that, based on my inquiry of those individuals responsible for obtaining the information. I believe that the information is true and accurate, and complete. I also certify that the values being submitted are the actual values found in the sample; no values have been modified or changed in any manner.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_

This page to be completed by WATER SUPPLY SYSTEM OFFICIAL  
or by laboratory performing analysis.

PWS ID: \_\_\_\_\_

Lab Sample ID: \_\_\_\_\_

Storet Code	Parameter	SDWA Method	MDL	Results	MCL	Units
1042	COPPER TOTAL					UG/L
1051	LEAD TOTAL					UG/L

\* Health Advisory

EXAMPLE  
LAB ANALYSTS  
FORM

Approved By    QA Officer: \_\_\_\_\_    Date: \_\_\_\_\_

Laboratory Manager: \_\_\_\_\_    Date: \_\_\_\_\_

Comments: \_\_\_\_\_